

## Medical and Custody Form - One form per child

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Centre attending:  Joondalup  Mount Lawley

1. **Does your child have a medical condition (including without limitation any of the following conditions listed below or a pre-existing injury)?** (Please tick box). This information may not disqualify your child from participating in the program; rather it will enable the instructor to take better care of their needs.

Joint or Muscular Problems  Autism  Asthma  Anaphylaxis

Heart Condition  Diabetes  Epilepsy

Any Respiratory Problems  ADHD/ADD  Other  \_\_\_\_\_

2. Does your child have any allergies?  YES  NO If yes, please specify:

\_\_\_\_\_

3. Is your child on medication?  YES  NO If yes, please specify:

\_\_\_\_\_

If your child will be on medication during their attendance, please speak with the supervisor upon arrival to discuss your child's medication requirements.

4. Are you aware of any reason why your child should not exercise without medical approval?

YES  NO If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

5. Is there any custodial information or any Family Court orders affecting custody of, or access to the child/ren?

Yes  No If yes, please give details and provide a copy of the court order: \_\_\_\_\_

\_\_\_\_\_

6. **Emergency Contacts (if different from booking form)**

Emergency Contact 1: \_\_\_\_\_ Contact number: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Contact number: \_\_\_\_\_

I confirm that I have disclosed all relevant medical and health information in writing as per the above. I agree that I have made ECU Sports aware of all physical, mental or health conditions which could be aggravated, worsened or impaired by my child's participation in physical exercise or programs. I consent to medical treatment being administered to my child in an emergency.

Sign (parent/guardian): \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Type name if submitting electronic copy

**Please note that all information is completely confidential and stored in accordance to Edith Cowan University's Privacy Policy located at [www.ecu.edu.au/GPPS/policies\\_db/tmp/ad067.pdf](http://www.ecu.edu.au/GPPS/policies_db/tmp/ad067.pdf)**

### To be completed 'On the Day' - Medicine Administration

**Must have chemist label with child's name:** Today's Day \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Last dosage given: Time \_\_\_:\_\_\_ am/pm Amount: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Guardian Sign: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

1st dosage required: Time \_\_\_:\_\_\_ am/pm Amount: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ **Staff Sign:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

2nd dosage required: Time \_\_\_:\_\_\_ am/pm Amount: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ **Staff Sign:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**(Staff sign when medication is administered as per above details)**